

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2	-				
4	2	-				
5	1	-				
6	1	-				
7	1	-				
8	1	-				
9	1	-				
10	1	-				
11	1	-				
12	1	-				
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TOTAL IND.	1	↓	↓	↓	↓	↓
TOTAL DEP.	16	↔	↔	↔	↔	↔
TOTAL CLAIMS	17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.		↓	↓
TOTAL DEP.		↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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